



Registration Form 2020

Delicious Occasions “Young Chefs Summer Cooking Classes”

Full payment is required at the time of registration prior to class start time. Class size is limited. **Registration is non-refundable.** (There will be no exceptions made to this rule because of the very limited number of spots open in these classes.) Registration is taken on a first come, first serve basis.

Dress Code: This will be strictly enforced for the safety of your Young Chefs.

Young Chefs should be dressed comfortably but with safety in mind. **No open-toed shoes are allowed; shoes must be closed and slip-resistant.** Clothing should not be loose. Hand Jewelry should not be worn. Hair clips or bands for long hair should be worn. Fingernails need to be clean and cut low. A comfortable face mask should also be worn.

Course being registered for

Young Chefs Beginners _____ Young Chefs International _____
Young Chefs Baking _____
Young Chefs Gourmet _____

Please submit one form completed by parent or guardian with deposit for each participant

Details of Young Chef

Name (Last, MI, First)

Home Address

Date of Birth _____ Gender M / F _____

School Attending _____

Parent/ Guardian Contact Information

Name _____ Cell/Home Phone _____

Work Phone _____ E-mail _____

Emergency Contact _____

Relationship _____ Cell/Home Phone _____ Work Phone

How did you hear about our classes? _____

Please list all persons authorized to pick up your Young Chef from Cooking

Camp _____

Emergency Medical Contact Information

Family Physician/Pediatrician

Contact Number _____ Alt. Number (if any)

Staying safe and healthy

While cooking can be a lot of fun it also requires attention and care. Answering the following questions will help us to:

- a) Be informed
- b) Staff appropriately to the level of care our students require
- c) Plan menus!

A. Does He/ She have any medical and/or food allergies? ___ yes ___ no

If yes, please list

B. Does He/She have any dietary restrictions (other than allergies)? ___ yes ___ no

If yes, please list

C. Does He/ She have any needs that will require special attention? ___yes ___ no

If yes, please explain

D. Please tell us what you, as the parent/guardian, hope for your child to gain from these cooking classes

Emergency Release

The undersigned person agrees that in case of an emergency at Delicious Occasions Young Chefs Cooking Classes! involving _____ and they are unable to be contacted, the parent/guardian gives permission for staff personnel present to contact the doctor listed above or alternative doctor and permit whatever treatment is deemed necessary by the doctor for the emergency.

Name _____

Signature _____

Date _____

Consent Form, Assumption of Risk, and Release

I hereby authorize , _____, to participate fully in the Delicious Occasions Young Chef Cooking Classes. In consideration for permission to participate, I do hereby, for myself and my heirs and assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to identify and hold harmless Delicious Occasions (Latoya Panton), and any of the participating staff, their officers, agents, and employees from any and all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I understand that the goal of Delicious Occasions Cooking classes is to provide a safe, fun and enriched environment during class hours. I understand that staff will provide for each individual needs to the best of their ability, but that it is not only impossible, but undesirable to have a staff member constantly overseeing each student. Therefore, given the common dangers and tool use of a kitchen, accidents may happen. I have read the above and understand and agree to its content.

Name _____

Signature _____

Date _____

Photo Release

Please check one of the options below:

Yes I do give permission for Delicious Occasions to use photos and videos of my child on its website, social media and advertisements

No I do not give permission for Delicious Occasions to use photos of my child on its website, social media and advertisements.

Child's name _____ Parent's Name _____ Signature _____



Young Chefs

Summer Cooking Classes

Cooking Survey 2019

All Young Chefs classes are designed to meet the interests and tastes of the students. Please have all young chefs complete and return this survey so we can create unique menus just for them.

Name: _____

My Allergies to food are

My favorite meals and foods are:

My least favorite meals and foods are:

My favorite cuisine is:

In cooking class I would really like to learn:

My cooking experience is:

1 2 3 4 5 6 7 8 9 10

I think I know what a cutting board is

I could crush a Master Chef

My eating adventures include:

1 2 3 4 5 6 7 8 9 10

PBJ and Mac and Cheese that were made for me

I have conquered sushi and beetroot